

**USM-285 is a 5-part form. Fill out the form and print 5 copies. Sign as needed and route as specified below.**

**U.S. Department of Justice  
United States Marshals Service**

**PROCESS RECEIPT AND RETURN**

PLAINTIFF <b>REGINALD THADDEUS GILBERTBEY</b>	COURT CASE NUMBER <b>CAE05-0069</b>
DEFENDANT <b>UNITED STATES OF AMERICA, et al</b>	TYPE OF PROCESS <b>SERVICE OF SUMMONS/PROCESS</b>

**NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN**  
**SERVE** { **DEPARTMENT OF JUSTICE**  
**AT** **ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)**  
**DEPARTMENT OF JUSTICE, 950 Pennsylvania Avenue, N.W., Washington, D.C. 20530**

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW	Number of process to be served with this Form 285
<b>REGINALD T. GILBERTBEY REG. NO. 03854-078 UNITED STATES PENITENTIARY ALLENWOOD P.O. BOX 3000 WHITE DEER, PENNSYLVANIA 17887</b>	Number of parties to be served in this case
	6
	Check for service on U.S.A.

**SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):**

FoldFold

Signature of Attorney other Originator requesting service on behalf of:	<input type="checkbox"/> PLAINTIFF	TELEPHONE NUMBER	DATE
	<input type="checkbox"/> DEFENDANT		

**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE**

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin No. _____	District to Serve No. _____	Signature of Authorized USMS Deputy or Clerk	Date
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I hereby certify and return that I  have personally served  have legal evidence of service,  have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the individual, company, corporation, etc., shown at the address inserted below.

I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode
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Address (complete only different than shown above)	Date <u>2/14/06</u>	Time <u>10:00</u>	<input type="checkbox"/> am	<input type="checkbox"/> pm
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Signature of U.S. Marshal or Deputy

*Reginald T. Gilbertbe*

Service Fee <u>JGC</u>	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges <u>JGC</u>	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund**)
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REMARKS 2-9-06 984380306363

**PRINT 5 COPIES:**

- 1 CLERK OF THE COURT
- 2 USMS RECORD
- 3 NOTICE OF SERVICE
- 4 BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment if any amount is owed. Please remit promptly payable to U.S. Marshal
- 5 ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

2. Article Number



7160 3901 9842 8020 6363

3. Service Type CERTIFIED MAIL

4. Restricted Delivery? (Extra Fee)  Yes

1. Article Addressed to:

DEPARTMENT OF JUSTICE  
950 PENNSYLVANIA AVNEUE, N.W.  
WASHINGTON, D.C. 20530

5-000, O/S/C, 2/9/06, SRB

PS Form 3811, January 2003

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

C. Signature

X

Agent  
 Addressee

D. Is delivery address different from above?  
If YES, enter delivery address below:

Yes  
 No

FEB 16 2006